

# Discount Medical Plan Application - Dental & Vision Plus

## Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

## Membership Fee

(Family members include: member spouse and legal dependents)

	Monthly	Annually
Member Only	<input type="checkbox"/> \$6.95	<input type="checkbox"/> \$75.06
Member + One	<input type="checkbox"/> \$11.95	<input type="checkbox"/> \$129.06
Member + Family	<input type="checkbox"/> \$15.95	<input type="checkbox"/> \$172.26

## Processing Fee

\$20.00 - A ONE-TIME, NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH EACH APPLICATION

## Family Members

(Date of birth required to add spouse and legal dependents)

First	Last	MI	DOB
_____	_____	_____	_____
_____	_____	_____	_____

You can cancel in 30 days and receive a full refund, less your processing fee

## Credit or Debit Card

Visa  MasterCard  Discover  Amex  
 Name of Cardholder: \_\_\_\_\_  
 Card/Debit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

## Bank Draft

Name of Account Holder: \_\_\_\_\_  
 Checking  Savings  
 Please include a voided check with this application

Name of Bank: \_\_\_\_\_  
 State of Bank: \_\_\_\_\_  
 Routing # (9 #'s at bottom of check): \_\_\_\_\_  
 Account #: \_\_\_\_\_

**Payment Authorization**  
**Membership Terms and Conditions**  
 I authorize Careington International to bill my credit/debit card or my checking account for this program; it will remain in force until I notify them in writing to cancel. Processing will be delayed on applications without a form of payment. Charges will appear as "Careington International" on your monthly statement. This application, along with your welcome kit, with all product details, will serve as your membership agreement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can mail your application to Careington International Corporation, P.O. Box 2568, Frisco, Texas 75034-9929 or fax it to (877) 335-7811.

Agent Code \_\_\_\_\_ Group Code DVPLOA2

## TERMS & CONDITIONS

**Renewal Conditions:** By joining a plan, you are authorizing Careington to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify Careington International Corporation in writing of its cancellation. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

**Termination Conditions:** Careington reserves the right to terminate plan members from its plan for any reason, including non-payment.

**Cancellation Conditions:** You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. FL Residents: You have the right to cancel within the first 30 days after effective date. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Careington will accept and cancel program memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Member Services, Careington International Corporation, P.O. Box 2568, Frisco, TX 75034 or fax to 888-335-7330. You may also submit cancellation by email: member@careington.com. If Careington is billing you quarterly, semi-annually or annually, Careington will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

**Description of Services:** Please see the enclosed materials for a specific description of the programs that you have purchased.

**Limitations, Exclusions & Exceptions:** This program is a discount membership program offered by Careington. Careington is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of your appointment. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. At any time Careington has the right to eliminate a Participating Professional from the Careington network in which they are associated and may substitute Provider networks at its sole discretion. Careington cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime with notice as required by law.

**Complaint Procedure:** If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. All complaints or grievances are documented in the monthly Quality Assurance log along with the date and content of the complaint or grievance. Members have the right to request an appeal of the complaint and grievance resolution. Appeals will be sent to the Committee and will be entitled to a second review with different individuals. After completing the complaint resolution process and you remain dissatisfied, you may contact your state insurance department. TX Residents: All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.

# Careington Dental & Vision Plus Discount Plan



Take 30 days to try the plan!

Starting at...

**\$6.<sup>95</sup>** Month

(\*Plus a one-time \$20.00 non-refundable processing fee.)

Scan to learn more about Careington



# It's easy to save on dental & vision expenses with Careington

## Dental Care

- Over 67,000 participating dentists
- Save 20% to 60% on most dental procedures, including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns
- Orthodontics included for both children and adults at a 20% savings
- Members may visit any participating dentist on the plan

The dental care discounts are provided by Careington International Corporation.

## Hearing Care

- Access to over 2,500 HearPO locations nationwide
- 30% discount on diagnostic services, including hearing exams
- Lowest Price Guarantee\*: If you should find a lower price at another local provider, we'll gladly beat that price by 5%
- 1 year of free batteries mailed to your home
- 3 year warranty - limited to one time loss or damage\*\*
- 60-day trial period with 100% refund if not satisfied

The hearing care program is provided by HearPO.

\*Competitor coupon required for verification of price and model.

Limited to manufacturers offered through the HearPO program. Local Provider quotes only will be matched.

\*\*Some exclusions apply. Limited to one time claim for loss and damage.

## Sample Savings Based on National Average\*

Description	Regular Cost	Plan Cost	Savings
Periodic Oral Evaluation	\$49	\$24	51%
Bitewings-Four Films	\$63	\$31	51%
Prophylaxis-Adult (light)	\$91	\$48	47%
Prophylaxis-Child	\$67	\$34	49%
Amalgam-Three Surface, Primary or Permanent	\$210	\$99	53%
Crown-Porcelain Fused to High Noble Metal	\$1,070	\$600	44%
Root Canal-Molar (Excluding Final Restoration)	\$1,000	\$580	42%
Periodontal Scaling and Root Planing	\$248	\$124	50%
Extraction-Erupted Tooth or Exposed Root	\$167	\$81	51%
Comprehensive Orthodontic Treatment of the Adolescent Dentition	\$5,581	20% Discount	20%

These fees represent the CI-5 fee schedule. Normal cost is based on industry usual and customary dental data.

\*\*Prices subject to change

## Prescription Discounts

- Discounts are available at over 58,000 participating pharmacies nationwide
- Savings average 15% to 60% off generic drugs and average 15% to 25% off brand name prescriptions
- Convenient ordering online, by phone, or through the mail

The prescription discounts are provided by MedImpact.

## Vision Discounts

- VSP is the nation's largest eye care provider
- Save 15% to 35% off eye exams and eye glasses
- 41,000 participating points of care in retail and medical locations

This plan is not insurance. The vision discounts are provided by VSP Choice Access® Plan.

This product is not available in MT and VT.

## Vision Correction Surgery

- Over 570 locations nationwide
- Free initial consultation
- All in-network providers extend discounts
- 15% off standard prices OR 5% off promotional prices

The vision correction services are provided by LCA Vision's National Lasik Network.

## Life Insurance Quotes Referral

- Members access free quotes, expert advice from licensed insurance reps and the option to purchase up to \$500,000 of term life insurance without a medical exam, just by answering a few health questions via Web site
  - Quickly compare top-rated carriers
  - Compare quotes and purchase life insurance
- Life insurance quotes referral are provided by Efinancial Services.

## How to Join the Plan

- Phone: (800) 400-8789 between 8:30am and 5:30pm CST Monday through Friday
- Online: [www.careington.com](http://www.careington.com)
- Fax: (877) 335-7811
- Mail: Careington International Corporation  
Attn: Member Services  
7400 Gaylord Parkway  
Frisco, TX 75034

Careington is a leading provider of health care and lifestyle discount plans in the industry.

- Everyone is accepted
- Unlimited plan usage, with no administrative forms to file
- Membership can include family members
- You can cancel in 30 days and receive a full refund, less your processing fee

## Disclosures:

### THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.\*

This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers at [www.careington.com](http://www.careington.com). Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. This plan is not currently available in Washington. \*Medicare statement applies to MD residents when pharmacy discounts are part of program.

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